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BIB DATA SHEET

CONFIRMATION NO. 5832

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 09/699,019 | 10/27/2000 | 455 | 2618 | 15258US05 |
| RULE | | | | |

APPLICANTS

Ahmadreza Rofougaran, Marina Del Rey, CA;

**** CONTINUING DATA *******

This application is a CON of 09/695,715 10/23/2000 PAT 7,299,006

which is a CIP of 09/634,552 08/08/2000

which claims benefit of 60/160,806 10/21/1999

and claims benefit of 60/163,487 11/04/1999

and claims benefit of 60/163,398 11/04/1999

and claims benefit of 60/164,442 11/09/1999

and claims benefit of 60/164,194 11/09/1999

and claims benefit of 60/164,314 11/09/1999

and claims benefit of 60/165,234 11/11/1999

and claims benefit of 60/165,239 11/11/1999

and claims benefit of 60/165,356 11/12/1999

and claims benefit of 60/165,355 11/12/1999

and claims benefit of 60/172,348 12/16/1999

and claims benefit of 60/201,335 05/02/2000

and claims benefit of 60/201,157 05/02/2000

and claims benefit of 60/201,179 05/02/2000

and claims benefit of 60/202,997 05/10/2000

This application 09/699,019 10/27/2000

claims benefit of 60/160,839 10/21/1999

and claims benefit of 60/164,446 11/09/1999

and claims benefit of 60/164,987 11/11/1999

and claims benefit of 60/163,488 11/04/1999

and claims benefit of 60/163,780 11/05/1999

(*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

01/05/2001

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|--------------------------------|---|--|-------------------------|------------------------|---------------------|---------------------------|
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | MM | CA | 69 | 66 | 9 |
| Verified and Acknowledged | /MARCEAU MILORDY Examiner's Signature | Initials | | | | |

ADDRESS

MCANDREWS HELD & MALLOY, LTD
 500 WEST MADISON STREET
 SUITE 3400
 CHICAGO, IL 60661

TITLE

Adaptive radio transceiver with a bandpass filter

| | | |
|--|---|--|
| FILING FEE RECEIVED 3552 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
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